

The Health Department and Nursing Homes

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The number of nursing homes in the United States has increased with the number of older people in the population. Because of many factors in family life and in our culture, these homes have come to provide care for the aged, the chronically ill, and the convalescent patient. Since the problems involved in the care of these older people probably differ little from State to State, the experience of Illinois in dealing with them may be of general interest.

In Illinois, popular concern about nursing homes and their growth became so great by 1945 that an organized drive developed for a licensing program. Through legislation enacted that year, the Illinois Department of Public Health became responsible for the licensing and supervision of nursing homes. The objective in licensing is to assure good personal care in a pleasant, safe environment where individual dignity is respected and recognized.

Under this law, any establishment housing three or more persons who "by reason of illness or physical infirmity are unable properly to care for themselves," must be licensed on the basis of minimum standards of sanitation, hygiene, diet, and number and type of personnel. The State Department of Public Health is responsible for establishing minimum standards for licensure.

Proprietary and nonprofit homes, including those for the aged that provide infirmary care, are licensed under the Nursing-Home Act.

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Nursing units of a general hospital which are principally for the care of the chronically ill, nursing homes operated by Federal and State governmental units, and private mental institutions and rest homes (licensed by the State Department of Welfare under provisions of the Illinois Mental Health Act) are specifically excluded. Homes in municipalities having local provisions for licensing comparable to those of the State law are also excluded. At present, these include the cities of Chicago, Evanston, East St. Louis, Rockford, and Springfield.

Administration of the Program

Since many of the requirements of the Nursing-Home Act involve sanitation and building, its administration was first delegated to the State health department's division of sanitary engineering. After 4 years' experience in administering the act, program emphasis had changed to considering the service to residents in the building as of prime importance. The job of administration was transferred to the bureau of hospitals of the division of hospitals and chronic illness in July 1949.

The bureau staff assigned directly to the administration of the licensure program includes a sanitary engineer, two registered nurses, two stenographers, and a clerk. The services of other specialized personnel are available for consultation. Although the statute places the responsibility for the administration of the program on a State level, it has been the policy of the small, central staff to serve in a consultant capacity. Much of its direct counseling service is provided through a cooperative arrangement with regional, county, and city

health departments. Thus, the staff's counseling service is available to the entire State, and the organized local health departments are strengthened.

These local health departments, familiar with conditions in their communities, evaluate proposed homes, interview prospective operators, make visits, and investigate complaints. Their reports and recommendations, made verbally to the home management, are submitted to the bureau of hospitals for forwarding to nursing homes concerned. It is the policy of the bureau to uphold local health department recommendations.

When the manager of a home inquires about licensing, he is asked to submit a preliminary application blank containing information concerned with administrative ability. References are queried. If replies are satisfactory, the local health department is asked to inquire further into executive aptitude, survey the building, and give advice and make recommendations regarding staff, program, building, and equipment.

The home management is always entitled to a hearing under the law. Management frequently requests an opportunity to discuss new construction and remodeling, assistance with organizational structure, nursing care, and many other problems. Legally the department does not revoke or refuse a license without fair hearing before the director of the department. This procedure has rarely been necessary because educational measures are used to help the homes meet the standards.

The Nursing-Home Act provides that the homes must be inspected and approved by the office of the State Fire Marshal as well as supervised by the State Department of Public Health. No nursing home is licensed in Illinois without written approval from the division of fire prevention of the Department of Public Safety, certifying that the home is satisfactorily protected against fire hazards.

Many Illinois cities and counties have either passed or are considering zoning ordinances which would regulate the types of buildings, their uses, and locations within corporate limits. So that there will be no violation of local zoning ordinances, a license is not issued to a nursing home until a permit to use the location

is received from local governmental authorities.

Health Team Responsibilities

The activities of the various professions on the health team concerned with nursing home visitation and counseling are basically complementary. Major responsibilities are fairly well defined.

Public Health Nurse

The public health nurse is concerned primarily with the adequacy and competency of the nursing home staff. She observes the ability of the operator to conduct an efficient business, notes the physical and apparent emotional health of the staff, and inquires as to their living and working arrangements. She also notes the medical attention given residents, and observes whether or not physicians' orders are written, whether adequate medical and nursing records are being utilized, whether there is proper storage and accounting of drugs and prescriptions, and whether proper policies are being employed in admitting and discharging residents. She is concerned also with comfortable furnishings and nursing care equipment.

In addition, the nurse evaluates nursing procedures and treatment techniques. She checks the personal hygiene of the residents. She is concerned with policies about the use of the telephone, visiting hours, and mail censorship. She notes whether a resident of a multipatient room has privacy for treatment or during acute illness and whether this privacy extends to interviews with his clergyman, social case worker, and family. She calls attention to new and useful reference materials.

Many other items concern her. The resident's personal property must be properly stored; housekeeping, personal care, and laundry service must assure control of odors; food must be nutritionally adequate, attractive in appearance, and satisfactorily served. There must be some device for signaling an attendant.

The nurse encourages the use of the living room since recreational and occupational therapy are so valuable. Here members may join in activities designed to divert attention from themselves. She encourages residents to

move freely about the home and thus calls attention to the importance of ramps and handrails on porches, stairs, and long hallways, as well as adequate storage space for walkers, crutches, and wheel chairs.

Her job is more difficult because of the need for many more nurses in Illinois homes. A survey made of 317 licensed homes in January 1950 indicates that only a very small percentage of the residents in these homes were receiving the services of a graduate professional nurse (see table).

The Technical Subcommittee on Chronic Hospitals and Nursing Homes of the Committee for the Improvement of Nursing Service of the Illinois State Nurses' Association has established a standard of 2½ hours of nursing care for each patient per day (24 hours); one-sixth of this service is to be provided by professional nurses and five-sixths by nonprofessional or practical nurses. On the basis of the 1950 study, 827 professional and 4,135 practical nurses would be required to meet the standards of the committee. Significantly, only 344 professional and 1,924 practical nurses were employed in Illinois nursing homes at that time. The situation is somewhat improved since that study was made.

Sanitary Engineer

The sanitary engineer is concerned with the layout and facilities of the nursing home's physical plant and with all safety and sanitary measures that tend to promote health. In homes not served by a public water supply and sewerage system, for instance, he advises the operator on the construction, maintenance, and operation of private facilities. Since most Illinois nursing homes are located within the corporate limits of a municipality, the water supply and

sewage disposal facilities seldom create serious problems.

The sanitary engineer surveys all plumbing fixtures in the building from the standpoint of back siphonage and cross connections because of the danger of water contamination. He sees that the building is provided with a sufficient quantity of hot running water, that it is equipped with a central heating plant with at least one outlet in each room, that it has facilities for the proper storage and disposal of garbage and for washing bedpans and other utensils, and that it has the proper number of bathrooms and fixtures. He pays special attention to such safety precautions as width, rise, and tread of stairways, handrails, condition of floors, unnecessary obstructions, and the location of lighting fixtures.

Since the majority of nursing homes operating in Illinois were previously large private dwellings, the engineer often must recommend changes. The size and arrangement of kitchen equipment to allow for sanitary food preparation, storage, and distribution often present problems. Original floor plans commonly permit traffic through patients' rooms, or through the kitchen to bathrooms or laundry. Often the bathrooms or bedrooms open directly into food preparation areas. These also require changes.

The minimum standards for licensure specify that the capacity of the home is dependent upon the number of square feet available in each bedroom area. The engineer, therefore, measures the rooms and prepares sketches which assist the operator to determine room capacity and to make certain that sufficient space is allowed for storage. Such sketches may also indicate the installation of additional windows for lighting and ventilation.

The location of the building has an important

Administrator of nursing service in 317 licensed nursing homes Jan. 1, 1950

Professional training of administrator	Proprietary homes		Nonprofit homes (endowed, religious, fraternal)	
	Number homes	Number residents	Number homes	Number residents
Registered nurse.....	55	1, 641	18	2, 046
Nurse graduated from 3-year course.....	37	791	6	373
Nonprofessional nurse with experience only.....	183	2, 973	18	1, 077

bearing upon services provided by the sanitary engineers. It should be on a serviceable street with special consideration given to the proximity of industrial plants, highways, railroads, and business establishments. It must be equipped with a telephone to summon physicians, relatives, the fire department, or other services. An adequate, well-drained yard space should be provided so residents can be out-of-doors as much as possible.

Nutritionist, Dietitian, Architect

The nutritionist visits nursing homes according to their recognized needs and desire for help. She gives guidance concerning kitchen planning and arrangement, menu planning, food buying, storage, service, and recipes. She acts as a resource person at group operators' meetings and at health department staff meetings.

The bureau of hospitals urges people who plan to establish, remodel, or enlarge nursing homes to send in their original blueprints for approval prior to actual construction. If these involve facilities for food service, the consultant dietitian gives recommendations on layout and efficient operation, necessary equipment, and the location of food storage facilities.

Since nursing homes in Illinois usually operate on limited funds, plans for alterations or additions are ordinarily drawn up in rough form by a local builder or contractor. While the bureau of hospitals' architect is not permitted to prepare detailed professional drawings and specifications, he does assist in review of the plans.

Occasionally, too, the architect visits the home and discusses with the operator the cost and feasibility of proposed alterations. As a service to operators, contractors, and practicing architects, he has developed a plan for a typical two-bed and four-bed unit, showing the utility room, nurses' station, and bathroom for each sex, in accordance with the needs of infirm residents and the minimum standards for licensure.

Educational Program

Since the owners of most nursing homes have entered a new business with little experience,

the importance of educational programs which develop a greater appreciation of good personal care cannot be overemphasized. As has been pointed out, the bureau of hospitals has distributed educational materials to the homes, some prepared by the State Department of Public Health and others by other health and welfare agencies. These cover such subjects as "Aging," "Menu Suggestions for Nursing Homes," "Food Handling Regulations," "Food Needs as We Grow Older," and "Eating Is Fun for Older People, Too."

In addition, the bureau has cooperated with the Department of Nursing of Loyola University, Chicago, in presenting a series of institutes on nursing care of the older patient. This joint project has proved an excellent means of interesting both students and professional nurses in the field of geriatric nursing. Schools of nursing, too, are beginning to use nursing homes as experience fields for professional and practical nursing students. The bureau encourages the development of such training if it is properly supervised. This experience is valuable not only to the student, but also to the self-respect of the home.

Since the inception of the nursing home program, routine visits and printed literature have not been considered complete answers to the educational needs of nursing home operators. From this feeling grew a series of group meetings. The first, which took place early in 1949, was organized for a discussion of the medical and nursing record forms which the department provides for all nursing homes. Among the topics discussed subsequently were food service problems, various phases of nursing, activity programs, and fire protection.

State-Wide Organization

Interest in a state-wide organization of nursing home operators began to develop as a result of these small meetings, and the Illinois Association of Nursing Homes came into being in March 1950. Its purpose, according to its constitution, is "to promote good standards of care in nursing homes by adherence to a code of ethics among its members . . . and by the development and dissemination of information which will lead to better care of patients and

the solution of problems which are common to the individual members of the Association."

Constituent district nursing home associations, in order to be recognized by the Illinois Association, must include in their constitutions or bylaws the equivalent of the following code of ethics as one of the qualifications for membership:

- Management with integrity and responsibility.
- Service with regard to the total physical, mental, and spiritual needs.
- Staff of good moral character, experience, competency.
- Facilities with provision for safety and adequate care.
- Courtesy to residents, relatives, and the public.
- Cooperation with the community, health, and welfare agencies and with professional personnel.

Of 560 licensed nursing homes in the State on March 15, 1952, 104 are now members of the Illinois Association of Nursing Homes. The membership is small, but it is active and enthusiastic. During its first year of operation it was admitted into the American Association of Nursing Homes, which accepts only associations in States which license homes by statute. Through its education committee the Illinois Association has sponsored three institutes on nursing home management in cooperation with the University of Illinois and the Illinois Department of Public Health. The fourth is scheduled for November 11-14, 1952.

In 1950 the Illinois Association of Nursing Homes cooperated with the Illinois State Nurses' Association and other allied health organizations in promoting legislation to include practical nursing licensure as a part of the Illinois Nurse Practice Act. The nursing home association supported amendments to the Nursing-Home Act. Both these bills were enacted into law in 1952.

In addition to the tangible benefits the homes derive from the organization, there is a growing feeling of solidarity in the association in facing problems common to the whole group, improving public understanding of the nursing home as an essential community service, and developing higher standards than are required by the State for nursing home licensure.

People and their needs must be the focus of attention. Many residents are in these homes for reasons other than chronic illness. Many

have passed their eighty-fifth birthday, but at least half of them are able to walk without support. They need companionship and friendship as well as housing, nursing, and maid service. They may require some supervision and direction. They need outlets to develop skills which give satisfaction.

Health department personnel, then, must be more than inspectors. They must be good teachers. They must assist the owners and superintendents of homes in reaching a higher level of operation than the lowest standard the State will accept for licensure. To do this in Illinois, counseling and visitation must be increased and more institutes conducted by the Illinois Association of Nursing Homes in cooperation with the colleges and universities.

Moreover, a great deal might be accomplished by adding a group worker, trained and experienced in social work techniques, to the existing consultant staff to assist management to develop programs in the homes designed to retard mental and emotional deterioration of the individual. Practical nursing education should be promoted in accordance with the recommendations of the National Association for Practical Nurse Education and in accordance with the practical nurse aspects of the Illinois Nursing Act. Continued assistance should be given to the Illinois Association of Nursing Homes in developing and improving records, simple accounting forms, nursing procedures, and general policies for use by the homes. Assistance is being given in the development of a nursing home administration manual.

The bureau of hospitals should continue to work with superintendents of homes for the aged and representatives of medical, nursing, and dental groups in developing a cumulative health record for the apparently well resident. It should also assist them in developing plans for regular preventive service. It is hoped that a state-wide association of homes for the aged will be organized and that it will give guidance to the Illinois Department of Public Health in the development of educational materials for the operation of such nonprofit homes.

Conclusions

In Illinois, as throughout the Nation, the general public is not always aware of the costs

of operating satisfactory homes. Nonprofit homes, praiseworthy as they are, have difficulty acquiring funds for improvements, expansion, or the building of new plants. Commercial nursing homes have no subsidy. For improvements and expansion they have only the profits made from caring for residents after expenses have been deducted. Obviously, minimum standards will have to remain low until these homes are remunerated so they can provide better care. Social case-work services, physiotherapy and occupational therapy, and more recreation and diversion services are badly needed in many homes.

With mounting costs of equipment, labor, food, utilities, and taxes, the commercial nursing homes may be forced to discontinue service to those persons dependent on public funds for their care. Illinois is comparatively generous in paying for this care, yet there is great pressure on the licensing agency to abolish living rooms in the homes and to permit crowding of residents so that the commercial home may operate without a deficit. Standards for additional services could be written now, but it is doubtful if they could be enforced until much more education, for boards of directors, owners, and staff, has promoted a readiness to proceed another step upward.

A study of nursing home laws and regulations in various States reveals a startling need for some type of standardization. A nation-wide committee has been appointed to draft a statement of standards. The availability of a national manual of desirable as well as minimum standards is to be hoped for.

The 1951 revision of the Illinois Nursing Home Act provided for a Nursing Home Advisory Council composed of two representatives of the Association of Nursing Homes and one representative each of the Hospital Association, Medical Society, State Nurses' Association, State Fire Marshal, Public Aid Commission, Municipal League, and the County and Town-

ship Officials' Association. The advisory council has already given helpful service to the bureau of hospitals in the development of revised standards.

A broadly representative national committee is needed. It should be adequately financed so as to have secretarial service and a travel budget for attendance at committee meetings. It should be representative of all sections of the country and of such organizations as the American Public Health Association, National League for Nursing, State and Territorial Health Officers' Association, National Social Welfare Assembly, Council of State Governments, American Municipal Association, National Fire Protection Association, Commission on Chronic Illness, American Public Welfare Association, American Association of Nursing Homes, American Hospital Association, and of other nursing home associations, homes for the aged, community chests, and councils.

Its functions might include development of suggested laws, ordinances, and desirable and minimum standards that would be useful to States, cities, and counties.

The next step in improving conditions in the homes might be the enactment of valid city or county licensing ordinances, administered by full-time local health departments.

Experience in administering the nursing home program in Illinois has indicated the rapidity of the development of this type of service. It has pointed to the need for licensing control in order to assure minimum standards of care and has demonstrated the value of education for better standards of care.

Licensing agencies, local health and welfare departments, and many national organizations, as well as the general public, are beginning to realize the importance of the nursing home as a valuable community facility. With this support, such institutions can provide an increasingly valuable service in the care of the aged, physically infirm, and convalescent citizen.